



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH
P.O. BOX 176 JEFFERSON CITY MO 65102-0176
(SEE MAP FOR APPROPRIATE REGIONAL OFFICE)
**APPLICATION FOR CONSTRUCTION PERMIT -
SEWER EXTENSION**

FOR DEPARTMENT USE ONLY

FEE RECEIVED:

DATE RECEIVED:

DO NOT ATTEMPT TO COMPLETE THIS FORM BEFORE READING THE ACCOMPANYING INSTRUCTIONS. NOTE: A CONSTRUCTION PERMIT FEE MUST ACCOMPANY THIS APPLICATION.

1.1 NAME OF PROJECT

FUNDING NUMBER:

1.2 LEGAL LOCATION OF PROJECT

1/4	1/4	Section	Township	Range	County

1.3 STREET/ROAD LOCATION OF PROJECT

2.1 OWNER

Name		Phone#	
Address	City	State	Zip
E-mail Address			

2.2 NAME OF CONTINUING AUTHORITY NAME CONTROLLING RECEIVING SEWER

Name		Phone#	
Address	City	State	Zip
E-mail Address			

2.3 NAME OF CONTINUING AUTHORITY NAME CONTROLLING WASTEWATER TREATMENT PLANT

Name		Phone#	
Address	City	State	Zip
E-mail Address			

3.1 BRIEF DESCRIPTION

Nominal Sewer Diameter (inches)	Materials of Construction	Number of Linear Feet
Total	Number of Manholes Number of buried stream crossings Number of aerial stream crossings	
ENGINEER	ENGINEERING FIRM	
Phone #	E-Mail Address	

3.2 DESIGN INFORMATION

A. Population to be served by this extension	
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Actual Residential Population: X 100.0 gpd

OR

Hydraulic Population Equivalent: X 100.0 gpd

OR	1	1	0
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Type of Dwelling	Number of Units	Persons/Unit	GPCD	Flow Range
Single residential family lots	X	3.7 X	100 =	
One (1) bedroom apartment condo units	X	2.0 X	100 =	
Two (2) bedroom apartment condo units	X	3.0 X	100 =	
Three (3) bedroom apartment condo units	X	3.7 X	100 =	
Mobile Homes	X	3.7 X	100 =	

Estimated residential design flow

B. Estimated commercial design flow:	gpd
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C. Estimated total industrial design flow: gpd

Type of industrial waste:

D. Total estimated design flow: gpd

E. This extension will discharge to:		
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	Gravity Sewer	Diameter:	Capacity
	Pump Station	Name:	Capacity
	Wastewater Treatment Plant		Permitted Design Flow:

3.3 RECEIVING TREATMENT FACILITY NAME	Phone #	E-Mail Address
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Phone #

E-Mail Address

MSOP/NPDES Permit Number	REMAINING CAPACITY
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REMAINING CAPACITY

MO-	
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4.1 Has the Continuing Authority, which operates the treatment facility and/or collection system, approved or agreed to accept the additional sewage flow? ☐ YES ☐ NO

4.2 I certify that I am familiar with the information contained in the application, that to the best of my knowledge and belief such information is true, complete and accurate, and if granted this permit, I agree to abide by the Missouri Clean Water Law and all rules, regulations, orders and decisions, subject to any legitimate appeal available to applicant under the Missouri Clean Water Law, of the Missouri Clean Water Commission.

Applicant's Signature (See Instructions)	Phone#	E-Mail Address	Date
Name Printed		Title or corporate Position	